

COMMISSIONER OF PATENTS AND TRADEMARKS  
P.O. Box 1450  
Alexandria, VA 22131-1450

PATENT

Date: July 3, 2003  
File No. 0212.66426

Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Joseph Waschow

For: CIRCULAR SAW HAVING BEVEL AND DEPTH  
OF CUT DETENT SYSTEM

I hereby certify that this paper is being deposited with the  
United States Postal Service as Express Mail in an envelope  
addressed to: Mail Stop Patent Application, Commissioner  
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this date.

July 3, 2003  
Date

*L. Chilton*  
Express Mail Label No.: EL 846179086 US



Enclosed are:

- (X) 18 pages of specification, including 31 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- ( ) an unexecuted oath or declaration, with power of attorney.
- ( ) \_\_\_\_\_ sheet(s) of informal drawing(s).
- (X) 8 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Credo Technology Corporation and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449 and cited references.
- ( ) Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee					\$ 750.00
b) Independent Claims	<u>4</u>	-	<u>3</u>	=	<u>1</u> x \$ 84.00 = \$ <u>84.00</u>
c) Total Claims	<u>31</u>	-	<u>20</u>	=	<u>11</u> x \$ 18.00 = \$ <u>198.00</u>
d) Fee for Multiple Claims					\$280.00 = \$ _____

Total Filing Fee \$ 1032.00

- ( ) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$ \_\_\_\_\_
- (X) A check in the amount of \$ 1032.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

300 S. Wacker Drive - Suite 2500  
Chicago, Illinois 60606  
Tel.: (312) 360-0080  
Fax.: (312) 360-9315  
  
Customer No.: 24978

GREER, BURNS & CRAIN, LTD.

By: *Joseph P. Fox*  
Joseph P. Fox  
Registration No.: 41,760